

FILED NOV 18 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No.

36277

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

- (a) County Scott  
(b) City or town Sikeston  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. (Specify whether  
In this community. years, months or days)

3. (a) PRINT FULL NAME Matilda Allen

3. (b) If veteran, name war. None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced. Married  
6. (b) Name of husband or wife. Sidney Allen 6. (c) Age of husband or wife if alive 79 years  
7. Birth date of deceased. August 25 1867  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
74 1 21 hr. min.

9. Birthplace Carlisle Co. Kentucky  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

Spencer Holder

12. Name Spencer Holder  
13. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

14. Maiden name Martha Ramsey  
15. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant Sidney Allen

(b) Address Sikeston, Mo.

17. (a) Burial (b) Date thereof 10-18-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sikeston, Mo.

18. (a) Signature of funeral director. H.J. Welsh

(b) Address Sikeston, Mo.

19. (a) (b) 7110 (Registrar's signature)  
(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Scott  
(c) City or town Sikeston  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 16  
year 1941 hour 9 minute PM

21. I hereby certify that I attended the deceased from 9/15/41 to 10/16/41  
that I last saw him alive on 10/15/41  
and that death occurred on the date and hour stated above.  
Immediate cause of death apoplexy

Due to  
Due to

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (d) Means of injury  
23. Signature J. H. Welsh (M. D. or other)  
Address 1124 Front Street Date signed 10-21-41

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Office No. 2

District File Number 1141-1512

Date Filed 11/10/41

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

....., Registered Apprentice No. 3

working under my personal supervision.

Signed

*Raymond Crews*

Licensed Embalmer No. 3467

P. O. Address Likerton Mo

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**